

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-046379**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 10

**FILED DEC 19 1962**

VS 300  
Rev. 4/59

10310

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gallatin</b>		c. CITY OR TOWN <b>Gallatin</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>---</b>		d. STREET ADDRESS (If outside, give location) <b>---</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Donald</b> Middle <b>Irving</b> Last <b>Bradley</b>		4. DATE OF DEATH Month <b>December</b> Day <b>11</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-10-1916</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Road Maintenance</b>	9. AGE (last birthday) <b>46</b>
11. BIRTHPLACE (City and state or country) <b>Gallatin, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Amos Bradley</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Burns</b>	
14. NAME OF HUSBAND OR WIFE <b>Lela Bradley</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT Address <b>Mrs. Lela Bradley, Gallatin, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis, pulmonary embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary T.B., Lung Cancer, Secondary anemia</b> DUE TO (c) <b>Chronic Bronchitis, Severe Diabetes Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b> <b>3 yrs</b> <b>2 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arthritis, shingles &amp; hands &amp; feet, Bean to State T.B. Hospital</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>---</b> a.m. <b>---</b> p.m. Month, Day, Year <b>---</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY <b>---</b> STATE <b>---</b>	
21. I attended the deceased from <b>May 1955</b> to <b>Dec 11 1962</b> and last saw him/her alive on <b>Dec 11 1962</b> . Death occurred at <b>3:30 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Her Bradley MD</b>		22b. ADDRESS <b>Gallatin Mo</b>	
22c. DATE SIGNED <b>Dec 17/62</b>		23a. BURIAL, CREMATION, REMOVAL, (Specify) <b>Burial</b>	
23b. DATE <b>12-13-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>	
23d. LOCATION (City, town, or country) <b>Gallatin, Missouri</b>		24. FUNERAL DIRECTOR <b>Hope Funeral Home, Gallatin, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>15 Dec 1962</b>		26. REGISTRAR'S SIGNATURE <b>Vernon M. Englehart</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit Address 12-15-62  
# 132

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.